LOBBYIST ANNUAL REPORT FORM



State of Idaho

Ben Ysursa Secretary of State To Be Filed By:

L-2 LOBBYISTS (Sec. 67-6619)

 $\begin{array}{c} \textbf{Page} \underline{\hspace{0.5cm}} \textbf{ of } \underline{\hspace{0.5cm}} \textbf{Page}(\textbf{s}) \\ \textbf{THIS SPACE FOR OFFICE USE ONLY} \end{array}$

2006 JAN -9 AM 10: 11

SECRETARY OF STATE

			learly in black ink) at bottom of page						S	TATE OF IDAL	10
Lobbyist'		permanent busine	ess address			Date p	prepared (Peri	od covered	
JA.	mes	G. R	k Chartere	1			1/1/1/-			year ending	
Ri	rger+	Clar	k Chartere	-d			1/6/00			•	
7	o B	0x 2	773				, ,				(Yr.)
Bo	0158	ID	83702						/	2 31	05
Item 1	Totals	of all reportab	le expenditures made or	incurred b	y Lobbyis	t or by	Lobbyist's Emplo	yer on	behalf of Lo	bbyist's Employer	·,
Cate	egory of Ex	penditure	* T				ibuted by each empl	oyer (Ide	entify employ	yers, under	
Expenses Pe	ertaining to Lo	ing and Travel obbying Activity	* Total Amount for All Employers		bottom of					1	
Po l	Not Have to b	e Reported	Thi Employers	Emplo	yer No. 1	E	Employer No. 2	Emp	loyer No. 3	Employer N	Ňo. 4
Entertair			s —		5	-		Φ.			
	d Refreshm		, ———————————————————————————————————) 		- * ·		» —		- ¬	
Living A	Accommoda	ations		<u> </u>		_ _				-	
Advertis	sing					_				_	
Travel											
Telephoi	ne					_ _					
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Other Ex	xpenses or	Services				- -				-	
		Total	\$	\$		_ \$.		\$		_ \$	
*W	hen the num	ber of employers	 you are reporting for requi	 res multiple	L-2 forms	 to be fil	ed a total amount for	all emn	lovers should	he entered on Page 1	
			iture of more than fifty of							or emercia on rage .	
2	Date		Place		Amou					Officials in Group	
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С	ontinued on	attached page(s)		- 1			I				
		INST	RUCTIONS			Item 3	Em	ployer(s) Name(s) and	l Address(es)	
		***************************************					Direct W	IAIK	etiuc	1A 550C	
Who	should file	this form: A	ny lobbyist registered u	nder Section	on N	0.1	0/0 DE	ha	rtal	DAVI	•
	617 Idaho C		ny roody for regionered a	nder been			1360	$\exists e$	verle	1 Rd	
					- I		McLear	\supset	VA	1	
Filing	g deadline	: Annual repo	ort is due on January 31	st.	N.	0.2		_		22101	
то в	E FILED V		••		\vdash						
			en Ysursa etary of State		N	0.3					
			Box 83720								
		Boise,	ID 83720-0080	202	Γ.	- 4					
I	Pho	ne: (208) 334-2	2852 Fax: (208) 334-23	282	N	0.4					

	atc	Amount		Name of Legislator Receiving or Benefited						
tem Subject or He	ouse Bill, R obbyist wa Bill, Res		ion, the number of the Senate legislative activity in which sposing. Appropriation Bill Number and Section Number	Code 01 02 03 04 05 06 07 08 09 10		ыест	E Subject Health service, medicine, drugs and controlled substances, health insurance, hospitals Higher education Housing, construction, codes Insurance (excluding health insurance) Labor, salaries and wages, collective bergaining			
				12 13 14 15 16	taxation, revenue, budget, appropriations, bids, fees, funds Government, county Government, federal Government, municipal Government, special districts Government, state	29 30 31	Social insurance, unemployment insurance, public assistance, workmen's compensation Transportation, highways, streets and roads Utilities, communications, televisions, radio, newspaper, power, CATV, gas Other (please specify)			
					Lobbyist signature Employer No. 1 signature	<u> </u>	Date Date			
					Employer No. 2 signature		Date			
	ON: I have	dus cartific that the	above is a true, complete and		Employer No. 3 signature		Date			